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ABSTRACT

The purpose of the National Institute on Alcohol Abuse and Alcoholism is to reduce the incidence of social, psychological, and health problems due to the use of alcohol. Soliciting financial support for primary prevention programs is difficult because of: (1) Federal, state, and local revenues derived from sales of alcoholic beverages; (2) The power of the alcohol beverage industry; (3) The lack of data measuring the effectiveness of such programs; (4) The lack of longitudinal studies; and (5) The structure of international trade and tariff agreements. (Author)

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STATEMENT

BY

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DIVISION OF PREVENTION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

"ISSUES IN PRIMARY PREVENTION IN SUBSTANCE ABUSE"

BEFORE THE

AMERICAN PSYCHOLOGICAL ASSOCIATION

WASHINGTON, D. C.

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A major issue for Prevention programming is defining the term. Arriving at an acceptable consensus will only occur when Prevention Programmers begin sharing and discussing what they mean by the term and how their respective prevention programs are being implemented.

The National Institute on Alcohol Abuse and Alcoholism offers the following definition of prevention:

> Prevention, in its broadest sense, is reducing the incidence, prevalence, and destructiveness of alcohol abuse and alcoholism. Primary prevention is aimed at reducing the number of new cases or incidence of alcohol abuse in a population at risk. Secondary prevention is aimed at reducing the number of existing cases or prevalence of alcohol abuse in a population. Tertiary prevention is aimed at reducing or minimizing the residual, destructive after-effects of alcohol abuse and alcoholism.

The Division of Prevention's (NIAAA) purpose is to reduce the incidence in the U.S. of the various social, psychological and health problems due to the use of alcohol. There are a number of ways in which these problems can be reduced; for instance, by changes in attitudes toward drinking, by alterations in laws, by insulating drinking behavior from harm, by reducing overall amounts of drinking, by discouraging certain patterns of drinking, by changing the social or physical environment of drinking, by general alterations in societal institutions or customs, by treatment or services for those individuals with alcohol-related problems. Not all of these strategies are necessarily effective in reducing alcohol problems and some

may, on occasion, even increase them. The Division of Prevention is concerned with all strategies of reducing alcohol problems except treatment or services for those with alcohol-related problems.

The Division of Prevention funds demonstration grants to gain increased knowledge about and potentially replicable models for the reduction of alcohol-related problems. Criteria for such grants will include the significance of alcohol-related problems addressed, the extent to which new knowledge will be gathered about prevention techniques or their application to new population groups, the intensity and breadth of potential effect in reducing problems for a given cost, the strength of evaluation of the process and effects of prevention techniques, and the probability of the grant serving as a model for other situations and of its continuation after Federal funding has expired.

According to the National Disease Control and Consumer Health Education and Promotion Act of 1975, "Americans are paying -- in the form of taxes, insurance contributions, and direct out-of-pocket expenses -- over $116 billion a year for health care and related expenses." ". . . only about 4% go for prevention and health education combined." For many reasons, soliciting financial support for primary prevention programs in alcoholism is extremely difficult. Among the issues that directly or indirectly relate to financial support are:

1. Federal, state and local revenues derived from the wholesale and retail sales of alcoholic beverages;
2. The power of the alcohol-beverage industry;

3. The financial needs for treating the alcoholic patient;
4. The newness of primary prevention programs and the lack of data measuring effectiveness;
5. The debate over whether health and consumer education substantially modify behavior in positive ways;
6. The lack of longitudinal studies and scientific evaluative data;
7. The tendency to adopt specific prevention strategies to the total needs of the population; i.e., media campaigns on a one-shot basis;
8. Current models of activity in primary prevention that do not generally meet the acceptance of alcoholism service providers;
9. The need for educating the treatment oriented "alcohologist" to the distinctions between long-range prevention programs vis-a-vis early case finding;
10. The lack of prevention research.

Although there is a proliferation of Federally supported and sponsored programs in the field of alcoholism, they are broadly segmented and have no commonly held or understood set of objectives and goals.

There is also the apparent lack of communication between Federal regulatory agencies, the Institute and other Federal departments with alcoholism programs.

The States have a very large measure of responsibility in the prevention of alcohol-related problems. In a variety of areas, the primary responsibility falls on the State: e.g., the State alcohol control agency in the control of distribution, the State Highway Patrol and courts in the enforcement of drunk-driving laws, the State education system in mandating and coordinating alcohol education in the schools. The State agencies do not always recognize their activities as relevant to the prevention of alcohol problems -- e.g., State alcoholic beverage control agencies in recent years have seen their mandate in terms of maintaining an orderly market rather than in terms of "promoting temperance". Although in a few States cooperative planning between State agencies on alcohol prevention issues is already a reality, coordination of State alcohol prevention efforts is in general much less advanced than coordination of alcohol treatment programs.

In the present structure of international trade and tariff agreements, alcoholic beverages are usually treated as in the same status as other agricultural and manufactured commodities. Since there are often chronic surpluses of alcoholic beverages (particularly of wine in France, Italy, Algeria, etc.), special provisions have sometimes been sought to lower tariffs or remove restrictions on alcoholic beverages. International mechanisms for gathering data on productions and trade have also treated alcoholic beverages as one more trade commodity. Recent studies have pointed out the deficiencies of these data from the perspective of public health, and a recent resolution of the World Health Assembly (WHA 28.81) called for the development and coordination of international

data on alcohol from a public-health perspective, with participation by the World Health Organization.

In many places, national and local policies, formal and informal, aimed at preventing alcohol problems have been seriously weakened by international tariff agreements and by the increasingly multinational structure of the alcoholic beverage industries. A public-health perspective on international alcohol production, trade and promotion needs to be involved in formulating U.S. positions on international trade agreements covering alcohol.

Existing research relevant to prevention in a variety of areas needs to be reviewed and synthesized from a prevention perspective. To some extent this process was initiated in the proceedings of a conference on the prevention of alcohol problems held in Berkeley in December 1974. A continuing mechanism for collection and dissemination of research findings is needed.

It is not possible at this point in time to provide a list of NIAAA supported projects which have proven effective. Prevention programs in the area of alcohol abuse and alcoholism are in their infancy. Furthermore, evaluation of the various intervention strategies, which are being implemented at the Federal, State and local levels, present a wide variety of methodological problems.

Besides the obvious difficulty of trying to relate a given change in a community's drinking patterns to a specific set of events or programs, the field of alcoholism has not yet developed and refined indicators of

drinking patterns and problems which can serve to monitor levels and trends in the population at large. Prevention programming, as alcohol policy in general, must in the end be responsive to and judged against such levels and trends. Before effectiveness of programs can be proven, a solid data base must be developed and this base must include a solid understanding of the patterns and norms of drinking behavior in the general population and in relevant sub-groups, the preconditions of drinking problems, and the contexts which prevention programming seeks to influence.

During NIAAA's five year history, considerable time and resources have been given to what can be defined as a "primary prevention constituency building". This new constituency is comprised primarily of citizens and voluntary organizations of national stature that heretofore have not been identified with concerns about alcohol-related problems.

The Federal government must reassess its partnership with these organizations for two major reasons:

1. To determine what type of support (if any) is appropriate for the Institute to provide these organizations.

2. To carefully evaluate what impact these organizations have had in reducing alcohol-related problems.

NIAAA has taken the position that certain target populations require certain unique needs -- both in prevention programming and treatment services. While this assumption is probably valid, there is a definite

need to initiate epidemiological studies, applied research and various surveys to validate this assumption before major primary prevention endeavors are directed toward women, minorities, the aging, etc.

An estimated $500 million is expended annually by the beverage industry. NIAAA needs to initiate studies to determine what impact this expenditure has on primary prevention. This can easily be done in cooperation with Canada and, hopefully, the beverage industry.

There is also the need to know what impact the use of alcoholic beverages in television programming has on alcohol-related problems.